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ABSTRACT

This document presents two measures used by the Parent-Child Early Education Program of the Ferguson-Florrisant School District in Missouri for identifying preschool children with special behavior problems. The first measure, My Preschool Child, is a checklist to be filled out by the parent on the child's personal and social development, language and concept development, physical skill development, behavior problems, and interests and experiences. Rationale for the development of the checklist is presented along with information about the use of the behavioral checklist portion of the instrument and strategies for interpretation of the data obtained with this measure. The second measure, the Nursery School Adjustment Rating Scale, is to be used by teachers in rating the child's personal-social development. Items included deal with the teacher's observations of the child's behavior and her knowledge of the child's family. Rationale for development of this rating scale is also given, as well as information about the administration, interpretation, and the relationship of the adjustment scores from this measure to other data. Copies of both instruments are included. (JMB)

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ED119844

Analyzing
Behavioral Problems
In the Young Child

SATURDAY SCHOOL
Parent-Child Early Education Program
Ferguson-Florissant School District
St. Louis County, Missouri

PS 008409

Saturday School

PARENT-CHILD EARLY EDUCATION PROGRAM
Ferguson-Florissant School District
685 January Avenue
Ferguson, Missouri 63135

Title III, Sec. 308, ESEA

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ANALYZING BEHAVIORAL PROBLEMS

in the Young Child

Sidney Kasper, Ph.D.

Consulting Psychologist

"MY PRESCHOOL CHILD" RATING SCALE

Rationale

From the outset, we feel it must be understood that we are directing our attention to one particular segment of the screening process as it is applied to children in our Parent-Child Early Education Program. The attempt to identify those children who have a special need for help is not based upon the results of a single screening measure, but rather it is an effort directed at the evaluation of all of the pertinent information available to us, be it in the form of test results, teacher observations, or parental reports. Since the other screening measures available to us are described elsewhere, we shall attend to the somewhat special significance attached to our use of a form entitled, "My Preschool Child."

The development of this form was the end result of several factors:

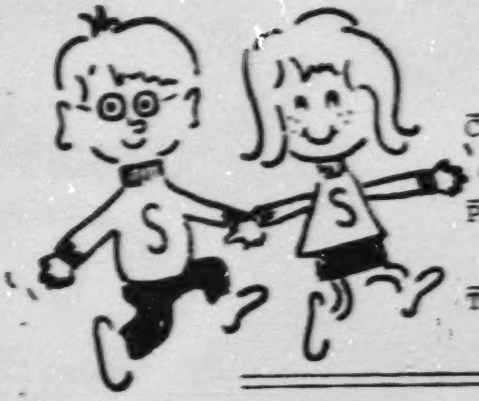
- the need for a reasonably valid and reliable instrument within a developmental frame of reference
- the need for an instrument which could be rapidly administered without requiring a psychometrist or other highly trained personnel
- the desire to obtain data which could be readily interpreted and put to use in planning for children identified as having special needs
- the recognition that no measure then available to us could adequately meet these needs.

The form is an attempt to bring together some of the more important areas of child development in such a way

as to permit fairly rapid description of certain personal, social, physical and language-related accomplishments thought to be appropriate to age four. Assessment of these items is a fairly traditional approach to determining the developmental status of the child.

A somewhat less traditional, but equally meaningful, approach to an even fuller understanding of the child's development is represented in the eighteen items comprising the behavioral check-list on the backside of our form. These items are derived from the study by Glidewell, et al. (1959) which demonstrated a close relationship between scores on these behavioral traits and emotional handicaps in young school children.

Departing somewhat from the format of Glidewell's work, where psychiatric social workers were employed as raters, we have found it desirable to use parents as our raters or reporters. To employ a large staff of mental health workers who would observe each child in some detail over a significant period of time would be most impractical and somewhat more akin to an in-depth diagnostic evaluation rather than screening. Instead, we have sought to utilize the experiences and observations of those persons who have had the advantage of intimacy and who have known the child during the entire period previous to enrollment in Saturday School, namely, the parent.



Rev. 8/73

MY PRESCHOOL CHILD

Child's Name | Birth Date / / | Age | Sex

Parents or Guardians | Address

Telephone Number | Elementary School

PERSONAL AND SOCIAL DEVELOPMENT

MY CHILD: Check one:	Regularly	Sometimes	Not Yet
Dresses himself			
Buttons, snaps, and zips his clothing			
Goes to the toilet by himself			
Pays attention and concentrates well			
Follows simple directions without reminding			
Tells what he wants or needs			
Helps with simple household jobs			
Takes turns and shares with other children			
Takes good care of things he uses			
Prefers to play alone			
Plays with a few children			
Plays with many children			
Remembers rules of games he plays			

LANGUAGE AND CONCEPT DEVELOPMENT

MY CHILD:			
Speaks in sentences of 5 or more words			
Tells a simple story			
Identifies six or more colors			
Recites rhymes, sings songs			
Tells how things are alike or different			
Identifies a few letters of the alphabet			
Identifies many letters of the alphabet			
Prints his first name correctly			
Tells his: whole name			
address			
telephone number			
Counts from 1 to 10 or beyond			
Recognizes numerals 1 to 10			
Tells "how many" in a group of objects			
Identifies basic shapes: circle, square, triangle, rectangle			

PHYSICAL SKILL DEVELOPMENT

MY CHILD:			
Throws and catches a ball			
Can ride a tricycle or bicycle			
Runs, hops, and jumps			
Claps or marches in time with music			
Uses crayons with control			
Uses scissors with control			
Works a puzzle of 10 or more pieces			

During the past 12 months, MY CHILD has had trouble with:

Check one:	Often	Once in awhile	Not at all
Eating (too much or too little)			
Sleeping (too much or too little)			
Stomach irregularities			
Getting along with children			
Getting along with adults			
Unusual fears			
Nervousness			
Thumbsucking			
Overactivity			
Sex			
Daydreaming			
Temper tantrums			
Crying			
Lying			
Stealing			
Tearing or breaking things			
Wetting			
Speech			

INTERESTS AND EXPERIENCES

MY CHILD:

Enjoys looking at books			
Listens to stories and music			
Is read to			
Uses: paint			
playdoh or clay			
scissors			
crayons			
Has visited the zoo			
Has been to the library			
Has taken trips outside the community			
Attends or has attended Nursery School, Headstart, Sunday School			
Watches Sesame Street			

Enjoys the following TV programs: _____

_____

Enjoys these activities with the family: _____

_____

Additional information about my child: _____

_____

_____

Ages of other children in the home: _____

_____

Ferguson-Florissant School District
PARENT-CHILD EARLY EDUCATION PROGRAM
Title III, Sec. 306, ESEA

The various check marks allocated to the 18 items on the list represent an approximation of a parent's (usually mother) ability and interest in sharing personal information about her child. In reading the completed form we have taken the information as a report on the general developmental adequacy of the child especially as regards his capabilities for trust, self-control, initiative, independence and self-esteem, but also something of the nature of the parent-child relationship.

We are aware, of course, that parents sometimes choose or unwittingly tend to color the objective facts through a personal need to create a particular image for the child. Some parents tend to respond somewhat defensively, creating a picture of what might be regarded as a remarkably competent or exceptional child. Other parents may distort the picture by tending to highlight or exaggerate a child's deficiencies. To our surprise, however, we have repeatedly found that these two types of distortion are limited to a remarkably small segment of the population. In the four years that we have utilized the parents' rating form, we have found the two extreme types of distortion in approximately one percent of the cases! Like the findings of others (Thomas, Birch, Chess et al., 1960) we have come to conclude that there is a high degree of agreement between mother's report and the child's behavior.

Parental reports which tend to distort the characteristics of the child, producing either "false positives" or "false negatives," are of concern to anyone engaged in a screening program. Apart from our desire to exercise every precaution so as to avoid misidentification of any child, we are also interested in maximizing our efficiency so that children with special needs may be provided for as early as possible. In time, of course, as the staff becomes increasingly familiar with each child, we come to know those children who have escaped detection or those who have come to our attention unnecessarily.

Our concern with minimizing "false positives" and "false negatives" is genuine but we are comforted by the fact that our program addresses itself to the needs of parents as well as the needs of children. Our program, then, provides us with the mechanisms through which we can address ourselves to clarifying any case which seems suspect. Our procedures are such that a parent tending to exaggerate the child's problems would soon come to our attention. We would respond rather quickly to the seemingly severe problems with which mother is confronted. Those parents who distort the picture in the opposite direction, attempting to characterize an ideal child, are rather readily identified but their circumstances do not permit, nor do they necessarily require, prompt action on our part. It is easy enough to

offer help to those who report many problems but it is something else again to approach a parent with our concern or desire to help when her report indicates complete satisfaction with the child's development to date. Occasionally, of course, we find that the child is rather remarkably accomplished but, in other instances, we need to bide our time until a more appropriate moment can be found to reach the parents.

Use of the Behavioral Check List

While the screening process entails a thorough evaluation of all information available to us, we shall here focus specifically on the information elicited from parents on the 18 items of the behavioral check list. We do not advocate the use of this list in isolation from all other screening information, but we feel that the items are highly potent in detecting potential behavior problems. We shall attempt to describe several ways of utilizing the information which may have it appear that these items alone represent the screening instrument, but such is not the case. Instead, we offer a number of guidelines which should be useful in detecting those children who will benefit from closer attention.

In our experience, best results are obtained if the form is completed by the parent in the presence of the teacher, conceivably on the same day that the child is

being screened on various other measures. This approach is decidedly preferable to having the parent complete the form at her leisure and mailing it to the school. The task is relatively simple and requires a relatively short period of time in a setting where mother can feel herself to be a participant in the screening program.

Our experiences of the past four years have substantiated our original expectation that the 18 item list, when headed "During the past 12 months, my child has had trouble with:" would provide us with areas of concern for virtually every child--that almost all children progressing through normal phases of development will have displayed some form of behavior which has proved troublesome to mother and/or the child. Like Anthony (1970), we are inclined to believe that transient tendencies to develop symptomatic behavior are particularly prevalent at certain critical stages of development.

These tendencies should be particularly evident in the case of young four year olds since the period in question is three years, zero months to four years, zero months. However, with some allowance for age, we have held to the same general expectations for our older children (four years, zero months to four years eleven months) as well.

The difference in age between our very young four year old and our older four year old is important in

assessing the significance of various items designated by the parent as troublesome. We have taken a somewhat more tolerant stand with regard to the significance of certain deficits in the younger four year old, for example, eating, thumbsucking, crying or speech. In certain instances, where an older child and a younger child have been similarly depicted by their parents, we have been more concerned with the seeming need for help in the older child while tending to view the younger child's situation more benignly.

There are essentially two broad methods or orientations for the utilization of the data, one method being statistical and the other being clinical. Since the two methods are quite complementary, one would hope to employ both methods in order to maximize the ends to which the data might be effectively utilized. In order to do so, there will be need for a trained clinician such as a psychologist, psychiatrist or social worker who might serve as a consultant to the program and who would assume responsibility for the clinical interpretation of the data. Without such a person, the use of the data would be largely limited to a statistical approach in which the children with the more pronounced needs would be identified. With the availability of a consultant, it would be possible to assess the number and kinds of "trouble" areas in relation to their uniqueness for age four.

At this point, before describing our use of the statistical approach, it is important to recognize that the aim of the Saturday School program is to identify and serve all children and all parents whose needs fall within the objectives of the program, whether the needs be mild, moderate or severe. Other programs may seek to offer special services to a more select group, say, the children or families with the most severe problems, perhaps comprising the 10% of the population with the greatest deficits. These may be the children who are characteristically described in the literature as displaying clinically significant deviations in behavior during their presence in the primary grades. As Glidewell (1959) and others (Stringer and Glidewell, 1967) have indicated, the spectrum of children with clinically significant needs in all degrees may be as high as 30%. These elevated figures correspond rather closely to our actual experiences.

In the remarks which follow, one should keep in mind that we have not set our cutting scores in such a way as to arbitrarily conform to a preconceived percentage of cases to be gleaned from the population at large. Instead, we have found that empirical study of the children and their parents over the past four years tends to yield essentially the same percentages of children and/or parents whose behavior or reported behavior warrants further evaluation, the

range being 25% to 29%. Our thinking has been directed by the premise that it is better to err in the direction of "false positives" (children whose early detection was later unsubstantiated). Obviously, a program which can tolerate "false negatives" (children with genuine need who escape early detection) to an extent greater than is operative in Saturday School, could set more stringent cutting scores and thereby reduce the pool of children eligible for further evaluation.

While we have never attempted to measure the number of false positives or false negatives, we have regularly monitored our screening procedures in relation to teacher observations. Our experience has shown that after eight weeks of contact with children teachers identify 40% to 55% of those selected by screening. These findings are somewhat attenuated by the fact that teacher ratings were aimed at selecting only the most severely handicapped.

Statistical Strategies

The two basic considerations are the number and frequency of the behavioral indices designated as "troubled." These two variables are applicable both separately and in combination. In our experience, the absolute number of checked areas, irrespective of frequency, may be highly significant when the number of troubled behavior areas

exceeds twelve. Accordingly, one may simply tally all of the checked areas in columns one and two ("often" plus "once in a while") for a combined score. All scores of 13 or higher are regarded as significant, regardless of the behavioral deviations indicated. Accordingly, 13 check marks are significant even if all of the marks are in the "once in a while" column.

Frequency of behavioral deviations is a significant variable in relation to the number of troubled areas checked as "often." Treated without regard to the specific behavior so indicated, we have come to regard any score which exceeds two as highly significant. Obviously, some behavioral deviations are regarded as clinically more significant than others, but in a sheer regard for numbers the "often" scores of three or higher merit further attention.

Some records will appear with check marks grouped entirely under the column headed "not at all." These are the parents we have regarded as highly defensive although we acknowledge that we may be viewing a report on a highly accomplished child as well. Some of these parents have a high degree of tolerance for all forms of behavior, while others may simply fail to value the individual differences in behavior which others regard as meaningful. Profiles of this type are more glaringly "different" when found among young four year olds than among those who are almost aged

five. These profiles should not be taken as indicative of a hidden disturbance within the child or the parent. Instead, one should take it as indicative of the parent's outlook or attitude toward child rearing. These cases should be investigated as time permits. Some parents will be found who seem to be saying to the staff "we don't want a highly personal relationship, so please keep yourself at a respectable distance as regards our personal affairs." Others will be found who are highly intellectual and seemingly secure in their approach to child rearing. Still others may be somewhat naive.

Response patterns which strongly underscore the presence of problems, such as indicating "trouble" in virtually every area of behavior or indicating five or more areas as <u>often</u> troubling, are generally open invitations to further inquiry on the part of staff. On follow-up, there is some likelihood that some of the cases will appear to be instances of parental exaggeration. A significantly larger number of cases will reveal genuine difficulties on the part of the child. In either instance, the parents will be in need of assistance.

Clinical Strategies

There may be a variety of approaches to the clinical usage of the data, depending somewhat upon the orientation

of the clinician, but it is also likely that most would agree with the notion that some items are potentially more meaningful than others. Such is especially true of those items which are designated as often-present characteristics of the child.

In our experiences, the items which are most potent as indicators of special problems are: unusual fears, nervousness and overactivity. Any of these items alone, when checked as "often" present, is deserving of special attention regardless of the presence or absence of other behavioral problems. Even if all other items are designated "not at all," any of the three aforementioned items is sufficient to signify the presence of a problem if it is designated as "often" present. This finding pertains to all four year olds, though it is all the more significant in the case of older four year olds.

Two other items, wetting and daydreaming, are of somewhat lesser potency, but when designated as "often" and found in combination are deserving of further inquiry. Either item, marked as "often" and accompanied by nine or more other items in the column marked "once in a while," would also merit further attention. This is particularly true of older four year olds, say four years, nine months or beyond. We would be somewhat more hesitant in attaching the same significance to such a pattern should it occur in

a younger child, say four years, zero months to four years, three months. In those instances where the items are of seeming borderline significance we would attempt to resolve their significance by examining the content of those items marked "once in a while." If two or more of our highly potent items (unusual fears, nervousness, over-activity) were included, we would lean toward the notion that further attention is indicated.

Apart from these items, it is appropriate to take note of all other instances in which any two items are designated as oft-occuring problems if there are as many as nine other items designated as "once in a while." Two items seemingly paired with relative frequency are "getting along with children" and "getting along with adults." Innocuous as these items seem, they are apparently important indicators of adaptive difficulties when found in the above-described pattern.

Prevalent Behavioral Clusters and Their Severity

Once having selected the cases which fall within the limits already described it is possible to differentiate among them in regard to the more salient developmental problems as well as the severity of the problems. This will not be a necessary aspect of all screening programs, but it will prove useful to those programs which are heavily committed to assisting teachers and/or parents in working with potential or existing behavior disorders.

Generally, the severity of a problem may be determined by noting the extent to which a given case conforms to the selection characteristics already described. That is to say, if we have determined that thirteen indicated problem areas is a significant number, severity may be judged by the extent to which scores exceed this level. Similarly, those profiles which contain higher numbers of problem areas designated "often," especially the more potent items (unusual fears, nervousness, overactivity), are regarded as more severe than others--for example, lower scores or fewer potent items. These are somewhat crude methods for determining severity but they have proven generally useful in arriving at decisions regarding the need for intervention. More sophisticated approaches and/or higher degrees of accuracy require the utilization of all of the available screening data, such as scores pertaining to intelligence, perceptual skills, etc.

The interest in delineating the more salient or prevalent developmental problems within the group identified as meriting further attention is entirely dependent upon the availability of a consulting clinician and the extent to which one might wish to apply the available screening data to planning for children with special needs, inservice training or counseling with parents.

In the section which follows, we will describe one method which has been put to use in the Saturday School

program. Other schemes are certainly possible and much will depend upon the interest and skills of the teaching staff and the consultant as well as the needs of children. Our scheme is merely intended as an illustrative application of the data.

In our experiences, most of the significantly deviant profiles tend to fall into one of three prevalent clusters of developmental problems. Occasionally, the problem areas are multiple. That is to say, a child may be regarded as experiencing difficulties in more than one area, thereby highlighting the fact that the clusters are not mutually exclusive. In most instances, a primary cluster may be identified by the comparative emphasis on one or more items. The behavioral clusters are:

1) Dependent and clinging behavior and/or difficulties centered on taking initiative or self-responsibility. More simply, many of these children would be regarded as grossly immature or infantile. The items of the behavioral checklist which seem particularly applicable are thumbsucking, wetting, speech and eating.
2) Unusually anxious or fearful behavior, often centered upon separation from mother. The most applicable behavioral items are nervousness, unusual fears and daydreaming. To a lesser extent, the items getting along with children and getting along

with adults are also important here. When found in the context of the three most significant items, the items crying and sleeping difficulties are generally compatible components in the pattern.

3) Insufficient self-control centered around hyperactivity, undersocialization or negativism. Some of the more directly applicable items are overactivity, temper tantrums and tearing or breaking things. Other important indicators are wetting, speech, crying and eating. Less directly related but sometimes significant to the question of self-control are getting along with children, getting along with adults and sleeping.

These are but a few of the ways in which the data may be applied to the issue of screening. The crucial question is "screening for what?" If our aim is essentially statistical, let us say a desire to reach a certain proportion of the children in need, we may adopt largely statistical methods. If we are interested in reaching all children in need, ranging from mild to severe cases, we will doubtless wish to utilize both the statistical and the clinical methods. In the last analysis, we can be most effective by combining these approaches with a review of all available test data as well as teacher

observations and spontaneously verbalized anecdotal remarks offered by parents.

References

1. Anthony, E. James. The behavior disorders of childhood. Manual of Child Psychology, Third Edition, P. H. Mussen, Editor. 1970, pp. 667-764.

2. Glidewell, John C., Gildea, Margaret C.-L., Domke, H. R. and Kantor, Mildred B. Behavior symptoms in children and adjustment in public school. Human Organization, 18 (3), 1959.

3. Thomas, A., Birch, H. G., Chess, S. and Hertzig, M. E. A longitudinal study of primary reaction patterns in children. Compreh. Psych., 1960, 1, 103.

4. Stringer, Lorene A. and Glidewell, John C. Early detection of emotional illnesses in school children; final report. St. Louis County Health Department, April, 1967.

NURSERY SCHOOL ADJUSTMENT RATING SCALE

Rationale

This scale was originally devised and reported upon by Westman, Rice and Bermann (1967). Using nursery school children as their subjects, the authors demonstrated high correlations between scores on this scale and later school adjustment as well as academic achievement. These findings are consistent with the underlying philosophical assumptions of our program, namely, that there is a close relationship between learning and psychological well-being. That these findings persist over time has enhanced its appeal for a program such as ours, a program aimed at early detection of developmental atypicalities followed by early intervention.

The purposes to which we have put this scale are several but chief among them is the aim of identifying those children whose observable behavior is suggestive of significant deficits in personal-social development. In contrast to our screening procedures at the time of entry into our program, this scale is based upon teacher observations which require an extended period of familiarity with the child. Generally, this means that a period of eight weeks is allotted to permit sufficient contacts with the child in both the school and home environments.

We have relied upon the Nursery School Adjustment Rating Scale as a means for uncovering new cases not previously detected by our early screening procedures as well as a partial validity check on those cases which have been selected by our screening devices. We have been aware of certain dissimilarities in tests, raters (teacher vs. consultant or teacher vs. parent) and environmental settings (test situations, home behavior, school behavior, etc.) that we have not taken the two sets of data (screening vs. rated behavior on this scale) as entirely comparable; hence, the phrase "partial validity check."

Another of the more important benefits derived from this approach is the need to devote a particular segment of time to thinking about each child in relation to the items on the rating scale. This process can be particularly meaningful to the teacher, both as a learning experience and in calling attention to certain forms of behavior in a given child. On a number of occasions, teachers have spontaneously remarked that the need to pull together the various facets of a child's behavior had called attention to some children who would have escaped detection because their needs were not obvious.

Lastly, these ratings of children, when performed under uniform conditions, may be repeated near the end of the school year so as to help evaluate the nature of any changes

Ferguson-Florissant School District
PARENT-CHILD EARLY EDUCATION PROGRAM
NURSERY SCHOOL ADJUSTMENT RATING

Rev. 11/

Child's Name _____ Teacher _____

Elem. School _____ Date _____

1. Relationships With Peers in Nursery School
   Isolate, rejected, combative — Frequent and appropriate p with peers, shares and tal turn, prefers same sex in play, accepted by peers

1 — 2 — 3 — 4 — 5
Poor — Good ____

2. Relationships With Nursery School Teachers
   Rebellious, clinging, excessive need for attention — Cooperative, responds to limits, shows affection

1 — 2 — 3 — 4 — 5
Poor — Good ____

3. Creative Use of Individual Activities
   Ability to use freely play and art materials with enjoyment and self-satisfaction.

1 — 2 — 3 — 4 — 5
Poor — Good ____

4. Signs of Behavioral Immaturity
   Excessive thumbsucking, security objects in school, enuresis, infanti speech, shyness, impulsive, separation anxiety, crying, temper tantru

1 — 2 — 3 — 4 — 5
Many — Some — None ____

5. Signs of Behavioral Eccentricity
   Daydreaming, withdrawal, sneakiness, preoccupied with tale-telling, indifferent to others, lacks self-conficence, moody, silly, pseudo-mature, phobic, hair-twisting, stuttering, excessive masturbation, nail-biting, eating problems, soiling, somatic complaints, unhappy, tics, obsessions, compulsions, hyperkinetic syndrome

1 — 2 — 3 — 4 — 5
Gross — Minor — None ____

6. Family Structure
   Parental death, divorce, separation, working mother, unusual number or spacing of children, prolonged parent absence, others living in home, serious illness of parent

1 — 2 — 3 — 4 — 5
Gross — Minor — None ____

7. Eccentric Family Relationships
   Withdrawal of child from nursery school, maternal overprotection, parental rejection, frequent absences from school, sibling problems, parent in psychiatric treatment, open parental conflict.

1 — 2 — 3 — 4 — 5
Gross — Minor — None ____

26

Total Score ____

which may have been effected during the school year. These changes may then be related to the presence or absence of change on various other dimensions, e.g., cognitive, perceptual or language development.

Administration

It is absolutely critical that all persons engaged in the process of rating children be presented with identical instructions. In our experience, a one hour training session is sufficient to promote an acceptable level of common understanding and practice among raters. Group participation in the training session is also useful for promoting discussion regarding commonly observed forms of behavior as well as seeming exceptions to general rules. Frequently, it serves to clarify the definitions of terms as well as the inclusion or exclusion of certain specifics within these definitions.

There are several vital areas of discussion which should be included in any training session:

1) The seven-item scale is separable into five items which pertain to the child's observable behavior and two items which pertain to knowledge about the child's family. Owing to this difference, we have adopted a different set of responses to the two groups of items.

   a. Items one through five may be read as a series of

gradations having two extreme positions, one of which is viewed as highly undesirable, the other of which is viewed as highly desirable. We suggest an orientation in which the mid-point ("3," also variously designated as "fair," "few," or "minor") be regarded as equivalent to "satisfactory" or "adequate." Any rating to the left of this point (a "1" or a "2") is meant to indicate less-than-adequate performance while any rating to the right of this point ("4" or "5") is meant to indicate better-than-adequate performance. Thusly, the midpoint is the point at which we would expect to find the largest number of cases. However, while our expectation is that of a large cluster at the midpoint, it should be emphasized that we have not predetermined that a fixed proportion of cases must fall at any given point on the scale.

b. Items six and seven tend to be somewhat troublesome because some of the characteristics appropriate to these two items are difficult to ascertain in a few weeks of contact with a given family. In some instances, such as the death of a parent, the situation may be obvious. Other factors, such as a history of psychiatric treatment, are less readily determined and we do <u>not</u> suggest direct

inquiries. Instead, the necessary knowledge about a particular family can only be obtained when offered freely and spontaneously.

Accordingly, these two items are often more completely understood at the close of a school year than at the outset. In this way, we have seen a few instances where ratings at the end of the year were somewhat lower on one or both items because the rater was better informed at the time of the second rating. Fortunately, these occurrences are relatively few in number.

2) One of the raters' more frequently raised questions is the issue of which behavior to rate, the behavior shown at the very outset of the program or the behavior most in evidence at the time of rating? This is an especially notable distinction for some children who have reacted with crying or separation anxiety at the outset but whose behavior has improved markedly since that date.

Our response to this question has underscored the need to incorporate all relevant data into the assigned rating. Accordingly, the rating should reflect all of the early behavior as well as current behavior, particularly since we will want a "before" and "after" rating on the child, showing his adjustment

at the beginning of the program as well as at the end.

3) As regards definitions, items three and four require some differentiation. There is need to note that item three is addressed to "immaturity" while item four is concerned with "eccentricity." This distinction should be borne in mind in responding to these items lest the rater conclude that the two items overlap completely.

In responding to these two items, one should not assume that the listed descriptive labels are meant to be all-inclusive. They are intended as illustrations. For example, distractibility or short attention span is consistent with the terms listed under behavioral eccentricity. Other terms will occur to the rater, who will then need to decide if the term is more descriptive of immaturity or eccentricity.

4) In judging the extent of accomplishment or degree of severity on items four through seven, it should be understood that certain forms of behavior are more significant or more potent indicators. Accordingly, a rating should not be derived from the practice of simply counting the number of descriptive terms which apply. Instead, the qualitative differences are

even more important. To illustrate:

- "thumbsucking" and "infantile speech" are more benign than "enuresis" or "separation anxiety;"
- "silly" and "nailbiting" are less potent than "phobic," "soiling," "tics" and others;
- "parental death" is more devastating than "working mother;"
- "open parental conflict" or "parental rejection" is more significant than "frequent absences from school."

5) We strongly recommend that the rater initiate the rating procedures immediately following the training session. Further, we also advise rating several children, say groups of ten, in any one sitting rather than one today, two tomorrow, one the next day, etc. We offer these admonitions so as to guard against the possibility that the individual rater's response set may vary slightly from day to day.

6) After completing approximately ten cases, we recommend a review of the results with special attention upon the cases which have been rated in highly dissimilar fashion. Occasionally, beginning raters are startled by the similarities in ratings assigned to children who are subjectively regarded as different. Likewise, the same reaction sometimes follows when examining the disparity in ratings assigned to certain children who subjectively seem more similar.

We do not advocate, nor do we wish to subtly suggest that a startled rater's response to such similarities or differences necessitates a change in the ratings. Rather, we suggest the review method as an internal control on the consistency of the rater's response set. Once achieving this type of assurance, the rater may proceed to rate other groups of children. The experiences of the rater in regard to these issues may well be enlightening with regard to certain behavioral phenomena associated with various children.

Interpretation

Westman and his colleagues (1967) have suggested an interpretative range of scores from "high" to "low" adjustment which may be applicable to certain segments of the population. However, we have found other approaches to be more meaningful.

Since we have taken the position that the midpoint on each dimension is equivalent to a rating of "satisfactory," it is possible to approach the task of interpretation with the notion that any score lower than 21 is an indication of less-than-satisfactory adjustment. In our program, we have done exactly that. All children with scores below 21 are regarded as developmentally deficient or within families faced with significant disadvantages. Each of these children

and/or their families is regarded as deserving of further inquiry or special planning which might serve to remedy or relieve the problem.

We are aware that some communities might be faced with the need to offer special services to a group whose size is such that the community cannot effectively cope with the numbers. In such instances, we advocate a procedure which would designate a certain percentage of the children as eligible for special services. One could concentrate, for example, on the lower 50% of children with scores under 21. Presumably, the lower the score the greater is the need. Generally, this thinking conforms to our experiences in using the scale.

Relationship of Adjustment Scores to Other Data

Our major objective has been that of identifying children with special needs. However, we have been interested in the extent to which this measure, based as it is on teacher judgments of the child's behavior, corresponds to the results obtained in screening where a large component in our selection process is based upon parental reports of the child's behavior.

Because the two sets of data are seemingly related, but not strictly comparable, our interest in the extent of the relationship is more within the realm of intellectual interest

and curiosity than in assessing the validity of the screening decisions. In our experience, when controlling for instances of mental retardation or suspected learning disabilities (two types of cases who score low on the adjustment scale), the comparability in judgments is impressive. Approximately 50% of the cases with scores under 21 are also listed among those who were detected by way of screening.

We feel these results are impressive enough to warrant the continued usage of the adjustment scale as a means for determining the behavioral and developmental adequacies of the children. It may yet be possible to improve upon the agreement between the two measures but it is a somewhat elusive task since the adjustment scale is based upon a series of gradations which yield scores ranging from 7 to 35 while the screening tasks are several, among them a parental report which ultimately permits a "yes" or "no" decision regarding significant deficits. Certainly, together, the two measures provide a means for careful evaluation and selection of cases with special needs.

Reference

Westman, Jack C.; Rice, Dale L., and Bermann, Eric. Nursery School Behavior and Later School Adjustment. American Journal of Orthopsychiatry, 1967, 37 (4), pp. 725-731.